

PROGRAM RE-APPLICATION FOR EXISTING PROGRAMS

COVER SHEET

PROGRAM INFORMATION

Name: _____
Address: _____
Phone #: _____
Fax #: _____
E-Mail: _____
Contact Person: _____

Year Program Began: _____

Number of Neutrals on Program Roster: _____

CERTIFICATION

I certify the following with regard to the below-named program: that it qualifies as a “program” as that term is used in Rule 2 of the Uniform Rules; that it agrees to comply with the Trial Court Policy on Data Collection and Record Keeping set forth in Appendix B; that it agrees to comply with the Trial Court Complaint Mechanism set forth in Appendix C; that it agrees to comply with the Trial Court Policy on Evaluation of Dispute Resolution Services set forth in Appendix D; that it agrees to comply with the standards set forth in Rule 7 of the Uniform Rules; that it agrees to comply with the standards set forth in Rule 8 and the Guidelines for the implementation of Rule 8 to ensure that neutrals on its roster meet applicable qualification standards; (See Appendix E) that it will follow the ethical standards set forth in Rule 9 of the Uniform Rules; and that it is in compliance with all other applicable state and federal laws.

All the information contained in this application is true to the best of my knowledge and belief.

Signature

Print Name

Title

Program

Date

THE EXISTING PROGRAM SEEKS THE FOLLOWING EXTENSION OF SERVICES

1. _____ Program is seeking an extension of its previous authorization to provide ADR services to the following Court Department with no changes. (***Programs are required to use a separate application for each department.***)

- | | |
|---|---|
| <input type="checkbox"/> Boston Municipal Court | <input type="checkbox"/> District Court |
| <input type="checkbox"/> Housing Court | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Land Court | <input type="checkbox"/> Probate and Family Court |
| <input type="checkbox"/> Superior Court | |

2. _____ Program is seeking an extension of its previous authorization to provide ADR services to the above-mentioned Court Department with the following changes (please complete all that apply):

a) Case types – We would like to change the case types (e.g., small claims, criminal, regular civil, etc.) for which we are authorized to provide services as follows:

Add the following case type(s):

Delete the following case type(s):

b) Approved locations – We wish to be approved to provide services to the following *additional* court division(s). [**For District Court ONLY** - In addition, we have attached a letter from each First Justice indicating his or her intention to utilize the type of dispute resolution services which we intend to provide.]

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

PROGRAM APPLICATION - NARRATIVE

INSTRUCTIONS. Please review the Narrative Questions #1-11. If there have been no changes in your answers since the last application process, please answer “no changes.” Otherwise, if your program’s responses have changed please indicate those changes that have taken place.

Note: You MUST provide new and complete answers to questions numbered 12, 13, and 14 because they relate to new information regarding your compliance with Rule 8 of the Uniform Rules.

- 1. Program Information:** Indicate numbers and types of cases handled for each of the past three years. **If you are re-applying for approval you must provide a copy of your Dispute Resolution Program Report for the period of July 1, 2005 to June 30, 2006 for each court division served.** List all types of ADR services provided. Describe in detail the services listed on the cover sheet which your program has previously provided to a court. Describe any special expertise your program offers based on experience or training of neutrals on your roster. To comply with the need for foreign languages, American sign language or oral interpreting, list any related fluency on the part of your neutrals. Describe the hours your program’s services are available.
- 2. Space:** If approved, where will you provide services? If space is not available in a courthouse, where, specifically, would you provide services in each division? Is the space handicapped accessible? Describe any guidelines you have for the type of space required.
- 3. Methodology:** Describe and attach your process and policies in accordance with Uniform Rule 7(a) for receiving referrals, screening referrals for appropriateness, scheduling or canceling sessions, distributing cases among neutrals on the roster, and following up after sessions. Describe your policies for assuring that clients are not subject to inappropriate pressure to settle.
- 4. Quality Control:** Describe in detail how you evaluate your program performance and how you monitor your neutrals. Describe any additional steps you take to ensure the quality of services you provide. Describe your process for assembling and maintaining the roster of neutrals, including the methods for adding and removing neutrals in accordance with Uniform Rule 7(c).
- 5. Record Keeping:** Describe the types of records you keep and the types of data you collect.
- 6. Diversity:** Describe or attach any policies you have prohibiting discrimination against your staff, neutrals or clients. Describe any policies which promote diversity

as to race, gender, ethnicity, experience, and training among your staff, your neutrals and your clients.

- 7. Fees:** If you plan to charge fees for any court-connected service, attach your fee schedule, including specified criteria for fee waived or reduced fee services to be made available to indigent and low income litigants. (Fees must be approved by the Chief Justice of the Department in which services are provided.)
- 8. Affiliations:** Is your program the parent or subsidiary of any other organization? If so, describe the relationship. Does any officer or employee of the courts have an affiliation or relationship with your program? If your program has a written policy for addressing conflicts of interest, please attach.
- 9. Divisions:** Please indicate each Trial Court Department in which your program seeks approval and each Division within that Department in which you seek approval.
- 10. Roster:** Please describe the size and composition of your roster of neutrals including what percentage meet the basic training requirement and the alternative methods requirement.
- 11. Neutral Qualifications:** Please list, describe and explain how each neutral on your roster satisfies the training, mentoring and evaluation requirements in Rule 8 of the Uniform Rules on Dispute Resolution. Please describe your policies, procedures and record keeping which documents how all neutrals on your roster satisfy the qualification requirements of Rule 8 (b)(v) of the Uniform Rules on Dispute Resolution.
- 12. Continuing Education:** Please describe your current policy on continuing education and how you have implemented and managed it to ensure compliance with Rule 8.
- 13. Continuing Evaluation:** Please describe your current policy on continuing evaluation and how you have implemented and managed it to ensure compliance with Rule 8.
- 14. Court Orientation:** Please describe your current policy on court orientation of your neutrals and how you have implemented and managed it to ensure compliance with Rule 8.
- 15. Other** Please feel free to add any other information that you believe may assist in the evaluation of your application.